



Docket No. 0413/62694-A/JPW/AJM

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Hilton A. Salhanick and Joachim Hourihan
Serial No. : 09/915,931 Examiner: D. Davis
Filed : July 26, 2001 Group Art Unit: 1641
For : METHODS FOR DIAGNOSING THYROID CONDITIONS AND FOR MONITORING
THYROXINE THERAPY

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: May 4, 2005

Sir:

Transmitted herewith is an amendment to the above-identified application.

x Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

_____ A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

X No additional fee is required.

The filing fee is calculated as follows:

	Number after Amend- ment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	26 -	* 83 =	*** X	\$25	\$50	=	\$0	\$0
Indepen- -dent Claims	2 -	** 4 =	*** X	\$100	\$200	=	\$0	\$0
Multiple Dependent Claim(s) Presented For First Time Yes <u>X</u> No				\$180	\$360	=	\$0	\$0
				TOTAL ADDITIONAL FEE			\$ 0	

- ¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.
* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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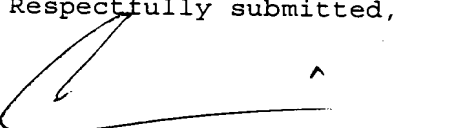
The following are also enclosed:

- ☒ One additional copy of this Amendment Transmittal Letter
- ☒ Return Receipt Postcard
- ☐ An Information Disclosure Statement, including Form PTO-1449
(Copies of citations included: Yes ☐ No ☐
and a fee of \$ ☐ included)
- ☒ A Petition for an Extension of Time, including a fee of
\$ 510.00 for a Petition for 3 Month(s) Extension of Time
- ☐ Other (identify): _____

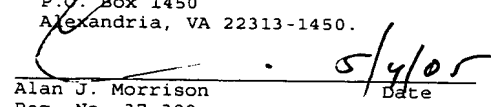
THE TOTAL FEE DUE IS \$ 510.00

- ☒ A check in the amount of \$ 510.00 is enclosed.
- ☐ Please charge Deposit Account No. _____ in the amount of
\$ _____
- ☒ The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:
- ☒ Fees under 37 C.F.R. \$1.16 for the presentation of extra claims
- ☐ Patent application processing fees under 37 C.F.R. \$1.17

Respectfully submitted,


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I hereby certify that this
correspondence is being deposited this
date with the U.S. Postal Service with
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Alan J. Morrison
Reg. No. 37,399

Date 5/4/05